For questions or to inquire about vaccination declination processes:
Tulsa-based HSC students - contact OU-Tulsa Student Health at (918) 660-3102
OKC and remote site students - contact OUHSC Student & Employee Health at (405) 271-9675

**OUHSC-Program Student Immunization and TB Screening Requirements Reference Guide**
For **incoming** HSC-program students in OKC, Tulsa & Remote Sites

Name: ___________________ Degree Program: ___________________ Student ID#: ____________

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| 1. | **TB Screening**¹  
|   | - Complete a or b  
|   | a. **Provide documentation** of negative two-step TB skin tests (TST) or IGRA test  
|   | (e.g. T-SPOT or QuantiFERON) obtained within the last 12 months.  
|   | Date(s): ______________
|   | OR  
|   | b. **Provide documentation** of Positive TB Skin Test or Positive IGRA.  
|   | Date: ______________
|   | i. Also, provide documentation of previous treatment and/or assessment for Latent or Active TB including chest x-ray report. *(Students with history of positive TB test will need further assessment and clearance by Student Health.)*
| 2. | **COVID-19**² - Complete a  
|   | a. **Provide documentation** of at least one dose of a WHO-approved COVID-19 immunization.  
|   | Most recent dose date: ______________
| 3. | **Hepatitis B** - Complete a or b  
|   | a. **Provide documentation** of 1st, 2nd, and 3rd Hepatitis B immunization or 1st and 2nd HepB-CpG (Heplisav-B*) immunizations.  
|   | Dates: 1) ______________  
|   | 2) ______________  
|   | 3) ______________
|   | OR  
|   | b. **Provide documentation** of a positive quantitative Hepatitis B IgG blood titer (Anti-HBs / HBsAb)  
|   | Date: ______________
| 4. | **MMR (Measles [Rubeola], Mumps, Rubella)** - Complete a or b  
|   | a. **Provide documentation** of two (2) MMR immunizations received at least 4 weeks apart.  
|   | Dates: 1) ______________  
|   | 2) ______________  
|   | OR  
|   | b. **Provide documentation** of positive IgG blood titers for each of the following:  
|   | Measles (Rubeola) IgG titer  
|   | Mumps IgG titer  
|   | Rubella IgG titer  
|   | Date: ______________  
|   | Date: ______________  
|   | Date: ______________
| 5. | **Tetanus, Diphtheria, Pertussis**³ - Complete a  
|   | a. **Provide documentation** of one (1) Tdap immunization within the last 10 years.  
|   | Date: ______________
| 6. | **Varicella (Chickenpox)** - Complete a or b  
|   | a. **Provide documentation** of two (2) Varicella immunizations received at least 4 weeks apart.  
|   | Dates: 1) ______________  
|   | 2) ______________  
|   | OR  
|   | b. **Provide documentation** of a positive Varicella IgG blood titer.  
|   | Date: ______________
| 7. | **Other Vaccinations** - conditionally required  
|   | a. Annual Influenza vaccination  
|   | i. Required for those students with patient contact.  
|   | b. Meningitis vaccination  
|   | i. Required for those OKC students residing in the *University Village* apartments.

**Footnotes**

¹ - Two baseline TB skin tests placed 1-3 weeks apart (two-step TB skin test) or one baseline IGRA test upon matriculation. A TB Screening Questionnaire is required annually thereafter; additionally, some programs will require a skin test or IGRA test annually as well, to comply with off-site hospital and clinical requirements. Those with tests resulting in a positive should report to Student Health for further evaluation and clearance.

² - Required for all students that will be patient-facing at some point during the completion of their degree program.

³ - Td or Tdap required every 10 years.

**Individual HSC Colleges/Programs may have additional requirements; the above list represents minimum requirements**